

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/914304  
APPLICANT(S) \_\_\_\_\_

FILING DATE \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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13	X		X			
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		X				
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TOTAL CLAIMS						